

## OMS Medical Evaluation of Functional Activities

Employee's Name

SSN (last 4 digits)

### Reason for OMS visit

- ☐ Occupational injury/illness ☐ Surveillance for  
☐ Personal injury/illness ☐ Other (specify): \_\_\_\_\_  
☐ Update/evaluation of status  
☐ Return to work assessment

A. ☐ The employee is advised to resume regular activities.

B. ☐ The employee is advised to limit activities.

Functional restrictions expected to be needed through \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> No climbing   | <input type="checkbox"/> No twisting/bending                          |
| <input type="checkbox"/> No stooping/kneeling  | <input type="checkbox"/> No pulling or pushing more than _____ lbs.   |
| <input type="checkbox"/> No use of: <input type="checkbox"/> left <input type="checkbox"/> right hand(s) | <input type="checkbox"/> No lifting or carrying more than _____ lbs.  |
| <input type="checkbox"/> No use of: <input type="checkbox"/> left <input type="checkbox"/> right arm(s)  | <input type="checkbox"/> No walking or standing longer than _____ per |
| <input type="checkbox"/> No reaching below the knee  | <input type="checkbox"/> No sitting longer than _____ per             |
| <input type="checkbox"/> No reaching above the shoulder  | <input type="checkbox"/> No operating motor vehicle/power machinery   |
| <input type="checkbox"/> Other, describe:  |   |

C. ☐ Insufficient information is provided to establish a medical basis for:

- ☐ Proposed functional restriction(s) ☐ Work absence

D. ☐ OMS recommends that the employee should:

- |   |                                      |   |  |
|---|--------------------------------------|---|--|
| <input type="checkbox"/> Consult private physician                | <input type="checkbox"/> Immediately | <input type="checkbox"/> Next available appointment | <input type="checkbox"/> As planned on _____ |
| <input type="checkbox"/> Consult Employee Assistance Program      | <input type="checkbox"/> Immediately | <input type="checkbox"/> Next available appointment | <input type="checkbox"/> As planned on _____ |
| <input type="checkbox"/> Return to OMS for re-evaluation on _____ |                                      |   |  |
| <input type="checkbox"/> Negotiate leave with supervisor          |                                      |   |  |

Supervisor's name

Phone number

Supervisor contacted: ☐ Yes ☐ No

- ☐ Can accommodate restrictions.  
☐ Cannot accommodate restrictions.  
☐ Unavailable; message left to return call.

### Information for Supervisors

The supervisor is responsible for determining if the above restrictions can/will be accommodated within his/her organizational area of responsibility. If functional restrictions cannot be accommodated, contact the office responsible for personnel action to determine if suitable duties are available elsewhere.

For further evaluation of the medical basis for the proposed functional restrictions and/or work absence, the supervisor should contact the office responsible for personnel action to initiate a formal request for a review of medical documentation.

The OMS representative (indicated at right) can be reached on 6-4411 to discuss the recommendations.

OMS representative

Date

Employee  
time in

Employee  
time out

## Injury Treatment Instructions

Please read and follow the instructions marked below. Call the Occupational Medical Service (OMS) at 301-496-4411 if you have any questions regarding these instructions.

### Sprain or Soft Tissue Injuries

1. Elevate the injured area to reduce swelling and pain.
2. If possible, for first 48 hours, apply ice packs or cold compresses 10-20 minutes each hour while awake.
3. If there is discomfort 48 hours after the injury, apply warm compresses 10-20 minutes each hour.
4. Use the elastic bandage/splint on for \_\_\_\_\_ days. Remove and rewrap it as necessary. Be sure that it is snug, but not tight. Do not wear overnight unless otherwise instructed.
5. Notify OMS if the injured area becomes cold or numb.

### Cuts, Abrasions, or Burns

1. Keep the injured area clean, dry, and covered.
2. Change the bandage daily or if it becomes dirty or wet.
3. Call OMS if any of the following occur at the injury site: signs of infection (increasing redness, swelling, heat, pain, drainage) or excessive bleeding.
4. If the wound was sutured, the sutures will be removed in \_\_\_\_\_ days.

### Fractures

1. Please see your physician as discussed for the fracture diagnosed by x-ray.
2. Call your physician or seek urgent medical care at the nearest emergency room if any of the following occurs:

Burning, numbness, or discoloration of your fingers or toes.

Throbbing pain which doesn't decrease after elevating the injured limb on a pillow.

### Back Injuries

1. Apply an ice pack for 10-20 minutes every hour for the first 48 hours. Then use moist heat on the same schedule if possible, otherwise at least once a day. You may switch to heat earlier if cold increases your discomfort.
2. Sleep on a firm mattress either on your:  
back with a pillow under your knees or  
side with one knee bent and one leg straight

### Head Injuries

1. Take only the medications OMS has given to you for pain.
2. Do not take aspirin or other pain remedies.
3. Someone should check you every 2 hours (including waking you from sleep) for 24 hours following the injury.
4. Call OMS or seek urgent medical care at the nearest emergency room if any of the following occurs:

Unusual irritability.

Definite changes in your behavior or personality.

Drowsiness or inability to be awakened.

Increasingly severe headache.

Dizziness or clumsy walking.

Slurred speech or changes in your vision or hearing.

Seizure or convulsion.

Arm or leg weakness.

Clear or bloody drainage from nose or ear.

Persistent vomiting.

### Eye Injuries

1. Do not drive or operate power equipment if your eye is patched/covered.
2. If you need to remove your eye patch, use the provided clean supplies to replace the eye patch.
3. Call OMS immediately if eye pain increases or eye discharge occurs.

### Non-Steroidal Anti-Inflammatory Medication

(for example: aspirin, ibuprofen, naproxen)

1. Take the medication with food to decrease the risk of stomach irritation.
2. Stop taking the medication and contact OMS if you notice any of the following: nausea, abdominal pain, diarrhea, vomiting, or black tarry stools.
3. Take the medicine at regular intervals:

Medication: \_\_\_\_\_

Schedule: \_\_\_\_\_

Medication: \_\_\_\_\_

Schedule: \_\_\_\_\_